

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MCCULLOCH FOR CONGRESS

ADDRESS (number and street)
▼

PO BOX 1064

Check if different
than previously
reported. (ACC)

BATON ROUGE

LA

70821

2. FEC IDENTIFICATION NUMBER ▼

C C00557728

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

LA

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 22 / 2014in the
State of

LA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 02 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CALEB CROSBY

Signature of Treasurer

CALEB CROSBY

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCCULLOCH FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3250.00	59426.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3250.00	59426.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	68676.47	232484.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	68676.47	232484.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27941.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	201000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

MCCULLOCH FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3250.00

55561.00

(ii) Unitemized.....

0.00

2865.00

(iii) TOTAL of contributions from individuals ▶

3250.00

58426.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3250.00

59426.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

201000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

201000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3250.00

260426.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68676.47	232484.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	68676.47	232484.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93368.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3250.00
25. SUBTOTAL (add Line 23 and Line 24).....	96618.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68676.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27941.81

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENNIS S BERTHELOT JR

Mailing Address 12051 HWY 955 EAST

City

ETHEL

State

LA

Zip Code

70730

FEC ID number of contributing
federal political committee.

C

Name of Employer

ISC

Occupation

INSTRUMENT TECHNICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

JAIME BERTHELOT

Mailing Address 12051 HWY 955 EAST

City

ETHEL

State

LA

Zip Code

70730

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAKER PHYSICAL THERAPY

Occupation

OFFICE MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

JOHN T KARRAS

Mailing Address PO BOX 8453

City

CLINTON

State

LA

Zip Code

70722

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

3250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. APEXMailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

230.64

Transaction ID : SB17.4399

B. CAPITAL BUSINESS SERVICES, LLCMailing Address 14423 OLD HAMMOND HWY
Suite A

City BATON ROUGE State LA Zip Code 70816

Purpose of Disbursement
MARKETING MATERIALS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

Amount of Each Disbursement this Period

475.00

Transaction ID : SB17.4386

C. CFC CONSULTING INC.

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB17.4379

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3105.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CROSS STRATEGIES

Mailing Address 13819 OAK BEND DR.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

City	State	Zip Code
BAKER	LA	70714

Amount of Each Disbursement this Period

27229.55

Purpose of Disbursement
DIRECT MAIL, PRINTING & POSTAGECategory/
Type

Transaction ID : SB17.4387

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. DORE JEANSONNE LAW FIRM, LLC

Mailing Address 530 LAKELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

City	State	Zip Code
BATON ROUGE	LA	70802

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
LEGAL CONSULTINGCategory/
Type

Transaction ID : SB17.4382

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. MATTHEW HUTSON

Mailing Address 16777 SOUTH 305 EAST AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

City	State	Zip Code
COWETA	OK	74429

Amount of Each Disbursement this Period

12471.00

Purpose of Disbursement
STRATEGY CONSULTINGCategory/
Type

Transaction ID : SB17.4384

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40000.55

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MATTHEW HUTSON

Mailing Address 16777 SOUTH 305 EAST AVE

City	State	Zip Code
COWETA	OK	74429

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

1350.00

Transaction ID : SB17.4390

B. MALLORY KENNEDYMailing Address 11011 CAL ROAD
Condo 118

City	State	Zip Code
BATON ROUGE	LA	70809

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

4598.85

Transaction ID : SB17.4383

C. MELE PRINTING

Mailing Address 619 NORTH TYLER STREET

City	State	Zip Code
COVINGTON	LA	70433

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

17462.39

Transaction ID : SB17.4392

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23411.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MCCULLOCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POSITIVE MARKETING SOLUTIONS

Mailing Address P.O. BOX 1727

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

City	State	Zip Code
WALKER	LA	70785

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
MARKETING CONSULTINGCategory/
Type

Transaction ID : SB17.4389

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. VERVEMAILMailing Address 5348 VEGAS DRIVE
Suite 289

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

City	State	Zip Code
LAS VEGAS	NV	89108

Amount of Each Disbursement this Period

60.64

Purpose of Disbursement
BROADBAND SERVICESCategory/
Type

Transaction ID : SB17.4385

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. VERVEMAILMailing Address 5348 VEGAS DRIVE
Suite 289

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
LAS VEGAS	NV	89108

Amount of Each Disbursement this Period

83.40

Purpose of Disbursement
BROADBAND SERVICESCategory/
Type

Transaction ID : SB17.4393

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2144.04

68661.47

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 28 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4209

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 25 / 2014

Date Due

M M / D D / Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4251

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

28000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 15 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

28000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4361

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

16000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

16000.00

TERMS

Date Incurred

M M / D D / Y Y
06 / 30 / 2014

Date Due

M M / D D / Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

16000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4362

MCCULLOCH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

CRAIG MCCULLOCH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

10251 JORROSON LANE

City

State

ZIP Code

ETHEL

LA

70730

Original Amount of Loan

57000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

57000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

57000.00

TOTALS This Period (last page in this line only)..... ►

201000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.